PTO/SBOS (03-03)
Approved for the immigh //31/2006, ONIS 0651-0032

Under the Permison Recupon Act of 1975, no persons are required to respond to a cathedral of information with PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									10/679243		
CLAIMS AS FILED - PART I							SMALL E	NTTY	ΩR	OTHER SWALL	THAN
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MULT	TPLE DEPENDENT CLASS PRESENT (37 CFR 1,18(d))						**		OR .		
. 4 20	he difference as column 3 is less than zero, enter "0" in column 2.						IDTAL		DA	TOTAL	
	CLAIMS AS AMENDED - PART II										•
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₹	FIRST PRESENTATION OF MATURE DEPENDENT CLAIM (\$1 CFR 1.1460)						· · ·	<u> </u>	OR	TOTAL	
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L		(Column 1)		(Column 2)	(Calumn 3)	7		1	٦.		T
U		REMAINING		HIGHEST NUMBER	PRESENT	١	RATE	ADDI- TIONAL	1	RATE	TION
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TAMENOMENT	Independent CP CFL 1.40x3	1.	Vious	-	T	J	x 3•	1	OR	× 3	-
1 3	PRIST PRESENTATION OF MEETING DEPENDENT CLAIM (ST. CFR 1.14(4))					٦		L	∝	1	
<u> </u>	The state of the s						TOTAL ADDL FEE		ገ∝	ADDR FEE	1

The "triangs! Number Previously Paid For" [Total or Independent as the impress number in sound in the economists does not community.

This collection of subcrusion or required by 31 CFR 1.15. The information is required to option or return a benefit by the outlier which is to file (and by the USPIT Dis process) an application. Contributed his is previously 33 U.S.C. 122 and 37 CFR 1.15. The information is expended to complete it 2 devices to compress, encluding grithering, preparing, and summitting the compressed expectation from to the USPITO, time and surpression for executing this surprise, produced upon the individual cases. Any conversion on the sension of time you require to complete the form and/or surprise and to executing this surprise, produced be sent to be Chief Information Octoon, U.S. Patient on the sension of Circ. U.S. Department of Commerce, P.O. Box 1450, Alexandrie, VA 22313-1450, DO MOT SEND FEES OR CONFLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrie, VA 22313-1450.

-- Uyou need exectance in completing the form, cpt 1-800-PTO-9199 and select option 7,